



DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)
VOLUNTARY PLACEMENT/FOSTER CARE PROGRAM
PERMANENCY PLAN
Child with disabilities (RCW 74.13.350)

DATE(S) OF HEARING(S)	
CAUSE NUMBER	CASE NUMBER

IDENTIFYING INFORMATION				
CHILD'S LAST NAME	FIRST NAME	MIDDLE INITIAL	CHILD'S BIRTHDATE	CHILD'S SOCIAL SECURITY NUMBER
PRESENT CARETAKER AND LOCATION				
CURRENT LEGAL STATUS				
ETHNICITY (CHECK ALL THAT APPLY) <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American (per Attachment A on Individual Service Plan, dated _____)				
PLACEMENT INFORMATION				
TYPE OF PLACEMENT		DATE OF INITIAL PLACEMENT	COURT REVIEW DATE	
PRINCIPLE(S) INVOLVED				
NAME	ADDRESS			TELEPHONE NUMBER
MOTHER/LEGAL GUARDIAN				
FATHER/LEGAL GUARDIAN				
GAL				
SOCIAL WORKER				
REASON FOR OUT-OF-HOME PLACEMENT				
PRIMARY PLACEMENT GOALS				
<input type="checkbox"/> Return home	<input type="checkbox"/> Guardianship	<input type="checkbox"/> Adoption	<input type="checkbox"/> Long term agreement out-of-home	

PERMANENCY PLAN

ALTERNATE GOALS (IF APPLICABLE)

SUMMARY STATEMENT (PROGRESS TOWARD PRIMARY PLACEMENT GOAL)